Application No. 10/735,203				Examiner	-	Art l
				A. M. S. Weh	be <u>1</u>	
oplicant(s): Lawi	rence W. Cose	enza	•			
	NAA STICOBU	ODIC THERAS	PEUTIC AGE	NT DELIVERY SY	STEM	
vention, SACRC						<del></del>
Transmitted herev		THE COMMI				
The fee has been			•			
			S AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	. 0	- 20 =	0	x 25.00		0.0
Independent Claims	0	- 3 =	0	x 100.00		0.0
Multiple Depend	ent Claims (ch	eck if applicab	le)			
Other fee (pleas	e specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.
Large Entity x Small Enti						
x No additiona		ed for this ame	ndment.	<u> </u>		
Please char	ge Deposit Acr	count No.	i	n the amount of \$		
A duplicate of	copy of this sh	eet is enclosed	<b>d</b> .			
				the filing fee is end	losed.	
<u> </u>	credit card. F					
X The Director	r is hereby autl d below.  A du <sub>l</sub>	horized to char plicate copy of	rge and credit this sheet is	t Deposit Account N enclosed.	lo. <u>07-1</u>	180
	ny overpayme					
<u></u>			on processing	fees required under	37 CFR 1.16	and
	-					
/Avery N. Golds				Dated:	March 6, 2	2007
Attorney/Agent		,204				
	ASS, SPRINKI		N & CITKOV	VSKI, P.C.		
GIFFORD, KRA		220				
2701 Troy Cen Post Office Box	ter Drive, Suite x 7021	e 330				
2701 Troy Cen	ter Drive, Suite x 7021 48007-7021	e 330				